



Environmental Science & Services Division
Michigan Department of Environmental Quality
**APPLICATION FOR COMPLETE TREATMENT
CERTIFICATION**

This information is required by authority of Act 399, P.A. 1976.
GENERAL INFORMATION – Provide complete information on education and experience. *Sign the application on page 1.* Either your immediate supervisor or the water system's operator in charge must verify your experience and sign where indicated.

To be accepted, this application, with your original signature, must be received by DEQ-OTCU not less than 45 days prior to the announced examination date. Faxed or electronic copies will not be accepted.

TYPE, PRINT, OR WRITE LEGIBLY

NAME (First) (Middle Initial) (Last)			OPERATOR ID NUMBER (If Known)	
STREET OR P.O. BOX MAILING ADDRESS		CITY	STATE	ZIP CODE
E-MAIL ADDRESS	HOME PHONE NUMBER ()		BUSINESS PHONE NUMBER ()	
MDEQ DRINKING WATER AND/OR WASTEWATER CERTIFICATE(S) HELD		CIRCLE CERTIFICATE(S) APPLYING FOR F-1 F-2 F-3 F-4		
EMPLOYER NAME (Current)		WSSN NUMBER	PHONE NUMBER ()	

☐ CHECK HERE IF YOU ARE APPLYING FOR AN EXAM YOU WERE APPROVED FOR BUT FAILED OR DID NOT TAKE OR ARE APPLYING TO RETAKE AN EXAM FOR A CERTIFICATION YOU PREVIOUSLY HELD. COMPLETE AND MAIL IN PAGE 1 ONLY.

☐ CHECK HERE IF YOU ARE APPLYING FOR NEW DRINKING WATER CERTIFICATION. FULLY COMPLETE AND MAIL IN THE ENTIRE APPLICATION.

**CERTIFICATION OF
APPLICANT**

I certify that all information provided in this application is true. I understand that misstatement of facts may result in forfeiture of all rights to certification.

SIGNATURE	DATE
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ALL EXAM APPLICATIONS MUST BE
MAILED TO OTCU:
**OPERATOR TRAINING & CERTIFICATION UNIT
ENVIRONMENTAL SCIENCE & SERVICES DIVISION
DEPARTMENT OF ENVIRONMENTAL QUALITY
PO BOX 30457
LANSING, MI 48909-7957**

**STREET ADDRESS: 525 W. ALLEGAN, 3-S
LANSING, MI 48933**

LOCATION I PREFER TO TAKE THE WRITTEN EXAMINATION NEAR:

- ☐ ALLEN PARK ☐ ANN ARBOR ☐ GRAYLING AREA
☐ HOLLAND ☐ KALAMAZOO ☐ LANSING
☐ PONTIAC AREA ☐ PORT HURON ☐ SAGINAW
☐ UPPER PENINSULA

It is recommended that you make a copy of the completed application for your records. If you would like confirmation that DEQ-Operator Training & Certification Unit received your application; please include a self addressed & stamped postcard.

ADDITIONAL APPLICATIONS CAN BE DOWNLOADED AT: <http://www.michigan.gov/deqoperatortraining>

FOR OFFICE USE ONLY

CLASS	EDUCATION	EXPERIENCE	EXAM GRADE	
				LAB
ISSUE DATE				
EXPIRATION DATE				
CERTIFICATE NUMBER				

To find the Educational Points Required to Write a Complete Treatment Exam and/or to find the Points Given for Formal Education, go to the DEQ-OTCU website: www.michigan.gov/deqoperatortraining or call 517-241-7199.

PROVIDE BELOW YOUR EDUCATIONAL QUALIFICATIONS					(Office Use Only)	
NAME & LOCATION OF HIGH SCHOOL OR GED EQUIVALENT		CIRCLE HIGHEST GRADE COMPLETED				
		8	9	10		11
COLLEGE NAME & LOCATION _____						
DEGREE AND MAJOR: _____ YEAR GRADUATED _____						
CREDIT HOURS ACCUMULATED IF YOU DID NOT COMPLETE YOUR DEGREE _____						
CHECK IF APPLICABLE						
[] REGISTERED PROFESSIONAL ENGINEER, REGISTRATION NUMBER _____						
(This Row For Office Use Only)		OTCU DATABASE CONTINUING EDUCATION CREDIT TOTAL				
(This Row For Office Use Only)		SUBSTITUTION OF EXCESS EXPERIENCE TOWARD EDUCATION				
				TOTAL		

DIRECTIONS FOR COMPLETING PAGES 3-5 OF THIS APPLICATION

COMPLETE TREATMENT SYSTEM – Provide **ONLY** job duties that you routinely perform while working in a drinking water **COMPLETE TREATMENT** system. **DO NOT** check off or describe job duties for work activities that you have performed only once or twice or that you perform infrequently. **DO NOT** check off or describe work activities associated with positions or duties you have performed only in a **DISTRIBUTION SYSTEM, LIMITED TREATMENT** or **WASTEWATER TREATMENT** system. Beginning with your current job (job position #1), work backwards listing previous **COMPLETE TREATMENT** system positions which you believe qualify you for operation experience in a drinking water **COMPLETE TREATMENT** system. If you held various positions with the same employer that had different duties or different levels of responsibility, list them as separate job positions. Examples of this would be promotions from general worker to foreman or from foreman to supervisor. For each **POSITION**, fully describe your job duties in the space provided for job positions 1 and/or 2 and/or 3. Attach additional sheets if you need more space or if you have experience in more than 3 job positions. Label them as job position 4, 5, etc. There are six drinking water **COMPLETE TREATMENT** system operation job categories. Each job category is divided into specific job duties. Beginning on Page 3, place an “X” next to the activities that you **ROUTINELY** perform. Applicants performing a majority of activities within a category are credited with a full job category. Applicants **ROUTINELY** performing at least one, but less than a majority of activities within a category are credited with half a category. TWO OR MORE half categories equal ONE full category.

SUPERVISORS: If you **DO NOT ROUTINELY** perform the job duties listed, and are not a **FIRST LINE SUPERVISOR** directly overseeing operations in the **COMPLETE TREATMENT** system, do not check off any boxes. Instead, fully describe your job duties in the space provided **AND** attach copies of both your position description and your water utility or company organizational chart.

COMPLETE TREATMENT SYSTEM EXPERIENCE REQUIREMENTS

NUMBER OF FULL CATEGORIES* WORKING IN	POINTS/MONTH	HIGHEST ALLOWABLE EXAM LEVEL	COMPLETE TREATMENT SYSTEM EXPERIENCE QUALIFICATIONS MUST INCLUDE:
4	1	F-1	F-1 60 Points plus: work in 4 or more full categories for at least 1 year AND at least 3 years of operating experience of which 1 year is in a F-2 system or higher.
3	1	F-2	F-2 30 Points plus: work in 3 or more full categories for at least 1 year AND 15 months of operating experience in a F-3 system or higher.
2	½	F-3	F-3 15 Points plus: work in 2 or more full categories for 1 year.
1	½	F-4	F-4 3 Points
*Experience points awarded from “allied fields” or “education allowed as experience” may be counted as one additional full category. To find out the more about this, go to the OTCU website: www.michigan.gov/deqoperatortraining or call 517-241-7199.			

For Job Position #1, CHECK ONE PRIMARY JOB RESPONSIBILITY: ___ADMINISTRATION/CLERICAL; ___NON-SUPERVISORY DRINKING WATER COMPLETE TREATMENT SYSTEM OPERATIONS; ___ FIRST LINE SUPERVISOR/FOREMAN/SUPERINTENDENT; ___DEPARTMENT /UTILITY DIRECTOR; ___CITY/TOWNSHIP/UTILITY ENGINEER.

EMPLOYER NAME:	WSSN:	JOB TITLE:
DATE OF EMPLOYMENT (INCLUDE MONTH & YEAR)	FROM:	TO:

ARE YOU A CONTRACT EMPLOYEE: ___YES ___NO? IF YES, ATTACH A SEPARATE LIST OF ALL WSSNs YOU ARE ASSOCIATED WITH WHERE COMPLETE TREATMENT SYSTEM WORK IS ROUTINELY PERFORMED.

WATER COMPLETE TREATMENT JOB CATEGORIES: Check off activities that you routinely physically perform in job position #1

COMPLETE TREATMENT PUMP OPERATION

- ___ Operate Low & High Service Pumps
- ___ Exercise Plant Valving
- ___ Operate Standby Power Equipment
- ___ Operate Chemical Feed Pumps

COMPLETE TREATMENT PLANT MAINTENANCE

- ___ Maintain & Repair Chemical Feed Pumps
- ___ Maintain & Repair Low & High Service Pumps
- ___ Maintain & Repair Electrical Equipment & Controls
- ___ Maintain & Repair Basins & Piping
- ___ Maintain & Repair Filters
- ___ Maintain & Repair Instrumentation

COMPLETE TREATMENT PLANT FILTERS

- ___ Monitor Filter Performance
- ___ Adjust Filtration Rates
- ___ Perform & Monitor Backwash Filter(s) Cycles
- ___ Calibrate On-Line Instrumentation

COMPLETE TREATMENT CHEMICAL TREATMENT

- ___ Calculate Chemical Dosage
- ___ Prepare Chemical Solutions
- ___ Adjust Treatment Rate
- ___ Collect Daily Water Samples
- ___ Ordering and Inspecting Chemical Deliveries

COMPLETE TREATMENT LABORATORY

- ___ Collect Drinking Water Samples
- ___ Perform Bacteriological Tests
- ___ Perform Daily Chemical/Turbidity Tests
- ___ Perform Analysis using GS/MS Chromatograph & Atomic Adsorption
- ___ Prepare Reagents & Calibration Standards
- ___ Calibration of Online Instrumentation

COMPLETE TREATMENT PLANT ADMINISTRATION

- ___ Complete MDEQ Operation Reports
- ___ Respond to Customer Complaints
- ___ Schedule Routine Maintenance
- ___ Maintain Spare Parts & Chemical Inventory
- ___ Prepare Treatment Plant Budgets
- ___ Train & Manage Treatment Plant Personnel
- ___ Prepare & Maintain Emergency Plans

During the time period worked in this job position, I spend _____ percentage of time routinely performing the above job categories and the following job duties. (Fully describe your job duties for this position, attach additional sheets if needed.)

CHECK EITHER OR BOTH, WHICHEVER APPLIES:

___ I am this employee's IMMEDIATE SUPERVISOR; ___ I am the OPERATOR IN CHARGE at this WSSN

I CERTIFY TO THE BEST OF MY KNOWLEDGE, THE DRINKING WATER COMPLETE TREATMENT SYSTEM OPERATION JOB DUTY INFORMATION PROVIDED BY THE APPLICANT ON THIS PAGE IS TRUE. I AM AWARE THERE MAY BE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE OR MISLEADING INFORMATION INCLUDING FORFEITURE OF MY OWN CERTIFICATIONS.

NAME AND TITLE _____ PHONE NUMBER _____

SIGNATURE _____ DATE _____

For Job Position #2, CHECK ONE PRIMARY JOB RESPONSIBILITY: ___ADMINISTRATION/CLERICAL; ___NON-SUPERVISORY DRINKING WATER COMPLETE TREATMENT SYSTEM OPERATIONS; ___FIRST LINE SUPERVISOR/FOREMAN/SUPERINTENDENT; ___DEPARTMENT /UTILITY DIRECTOR; ___CITY/TOWNSHIP/UTILITY ENGINEER.

EMPLOYER NAME:		WSSN:	JOB TITLE:
DATE OF EMPLOYMENT (INCLUDE MONTH & YEAR)	FROM:		TO:

ARE YOU A CONTRACT EMPLOYEE: ___YES ___NO? IF YES, ATTACH A SEPARATE LIST OF ALL WSSNs YOU ARE ASSOCIATED WITH WHERE COMPLETE TREATMENT SYSTEM WORK IS ROUTINELY PERFORMED.

WATER COMPLETE TREATMENT JOB CATEGORIES: Check off activities that you routinely physically perform in job position #2

COMPLETE TREATMENT PUMP OPERATION

- ___ Operate Low & High Service Pumps
- ___ Exercise Plant Valving
- ___ Operate Standby Power Equipment
- ___ Operate Chemical Feed Pumps

COMPLETE TREATMENT PLANT MAINTENANCE

- ___ Maintain & Repair Chemical Feed Pumps
- ___ Maintain & Repair Low & High Service Pumps
- ___ Maintain & Repair Electrical Equipment & Controls
- ___ Maintain & Repair Basins & Piping
- ___ Maintain & Repair Filters
- ___ Maintain & Repair Instrumentation

COMPLETE TREATMENT PLANT FILTERS

- ___ Monitor Filter Performance
- ___ Adjust Filtration Rates
- ___ Perform & Monitor Backwash Filter(s) Cycles
- ___ Calibrate On-Line Instrumentation

COMPLETE TREATMENT CHEMICAL TREATMENT

- ___ Calculate Chemical Dosage
- ___ Prepare Chemical Solutions
- ___ Adjust Treatment Rate
- ___ Collect Daily Water Samples
- ___ Ordering and Inspecting Chemical Deliveries

COMPLETE TREATMENT LABORATORY

- ___ Collect Drinking Water Samples
- ___ Perform Bacteriological Tests
- ___ Perform Daily Chemical/Turbidity Tests
- ___ Perform Analysis using GS/MS Chromatograph & Atomic Adsorption
- ___ Prepare Reagents & Calibration Standards
- ___ Calibration of Online Instrumentation

COMPLETE TREATMENT PLANT ADMINISTRATION

- ___ Complete MDEQ Operation Reports
- ___ Respond to Customer Complaints
- ___ Schedule Routine Maintenance
- ___ Maintain Spare Parts & Chemical Inventory
- ___ Prepare Treatment Plant Budgets
- ___ Train & Manage Treatment Plant Personnel
- ___ Prepare & Maintain Emergency Plans

During the time period worked in this job position, I spend _____ percentage of time routinely performing the above job categories and the following job duties. (Fully describe your job duties for this position, attach additional sheets if needed.)

CHECK EITHER OR BOTH, WHICHEVER APPLIES:

___ I am this employee's IMMEDIATE SUPERVISOR; ___ I am the OPERATOR IN CHARGE at this WSSN

I CERTIFY TO THE BEST OF MY KNOWLEDGE, THE DRINKING WATER COMPLETE TREATMENT SYSTEM OPERATION JOB DUTY INFORMATION PROVIDED BY THE APPLICANT ON THIS PAGE IS TRUE. I AM AWARE THERE MAY BE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE OR MISLEADING INFORMATION INCLUDING FORFEITURE OF MY OWN CERTIFICATIONS.

NAME AND TITLE _____ PHONE NUMBER _____

SIGNATURE _____ DATE _____

For Job Position #3, CHECK ONE PRIMARY JOB RESPONSIBILITY: ___ADMINISTRATION/CLERICAL; ___NON-SUPERVISORY DRINKING WATER COMPLETE TREATMENT SYSTEM OPERATIONS; ___FIRST LINE SUPERVISOR/FOREMAN/SUPERINTENDENT; ___DEPARTMENT /UTILITY DIRECTOR; ___CITY/TOWNSHIP/UTILITY ENGINEER.

EMPLOYER NAME:		WSSN:	JOB TITLE:
DATE OF EMPLOYMENT (INCLUDE MONTH & YEAR)	FROM:		TO:

ARE YOU A CONTRACT EMPLOYEE: ___YES ___NO? IF YES, ATTACH A SEPARATE LIST OF ALL WSSNs YOU ARE ASSOCIATED WITH WHERE COMPLETE TREATMENT SYSTEM WORK IS ROUTINELY PERFORMED.

WATER COMPLETE TREATMENT JOB CATEGORIES: Check off activities that you routinely physically perform in job position #3

COMPLETE TREATMENT PUMP OPERATION

- ___ Operate Low & High Service Pumps
- ___ Exercise Plant Valving
- ___ Operate Standby Power Equipment
- ___ Operate Chemical Feed Pumps

COMPLETE TREATMENT PLANT MAINTENANCE

- ___ Maintain & Repair Chemical Feed Pumps
- ___ Maintain & Repair Low & High Service Pumps
- ___ Maintain & Repair Electrical Equipment & Controls
- ___ Maintain & Repair Basins & Piping
- ___ Maintain & Repair Filters
- ___ Maintain & Repair Instrumentation

COMPLETE TREATMENT PLANT FILTERS

- ___ Monitor Filter Performance
- ___ Adjust Filtration Rates
- ___ Perform & Monitor Backwash Filter(s) Cycles
- ___ Calibrate On-Line Instrumentation

COMPLETE TREATMENT CHEMICAL TREATMENT

- ___ Calculate Chemical Dosage
- ___ Prepare Chemical Solutions
- ___ Adjust Treatment Rate
- ___ Collect Daily Water Samples
- ___ Ordering and Inspecting Chemical Deliveries

COMPLETE TREATMENT LABORATORY

- ___ Collect Drinking Water Samples
- ___ Perform Bacteriological Tests
- ___ Perform Daily Chemical/Turbidity Tests
- ___ Perform Analysis using GS/MS Chromatograph & Atomic Adsorption
- ___ Prepare Reagents & Calibration Standards
- ___ Calibration of Online Instrumentation

COMPLETE TREATMENT PLANT ADMINISTRATION

- ___ Complete MDEQ Operation Reports
- ___ Respond to Customer Complaints
- ___ Schedule Routine Maintenance
- ___ Maintain Spare Parts & Chemical Inventory
- ___ Prepare Treatment Plant Budgets
- ___ Train & Manage Treatment Plant Personnel
- ___ Prepare & Maintain Emergency Plans

During the time period worked in this job position, I spend _____ percentage of time routinely performing the above job categories and the following job duties. (Fully describe your job duties for this position, attach additional sheets if needed.)

CHECK EITHER OR BOTH, WHICHEVER APPLIES:

___ I am this employee's IMMEDIATE SUPERVISOR; ___ I am the OPERATOR IN CHARGE at this WSSN

I CERTIFY TO THE BEST OF MY KNOWLEDGE, THE DRINKING WATER COMPLETE TREATMENT SYSTEM OPERATION JOB DUTY INFORMATION PROVIDED BY THE APPLICANT ON THIS PAGE IS TRUE. I AM AWARE THERE MAY BE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE OR MISLEADING INFORMATION INCLUDING FORFEITURE OF MY OWN CERTIFICATIONS

NAME AND TITLE _____ PHONE NUMBER _____

SIGNATURE _____ DATE _____

(Print this page for your records only – you do not need to mail a copy of it to DEQ-OTCU with your application)

Authority Governing the Certification of Water Works Personnel in Accordance with State Law and Administrative Rules

(Excerpts From the Act and Rules as Amended 12/8/2000)

SAFE DRINKING WATER ACT - Act 399, Public Acts of 1976

An Act to protect the public health; to provide for supervision and control over public water supplies; to prescribe the powers and duties of the department of environmental quality; to provide for the submission of plans and specifications for waterworks systems and the issuance of construction permits therefor; to provide for the capacity assessments and source water assessments of public water supplies; to provide for the classification of public water supplies and the examination, certification and regulation of persons operating those systems; to provide for continuous, adequate operation of privately owned, public water supplies; to authorize the promulgation of rules to carry out the intent of the act; to create the water supply fund; to provide for the administration of the water supply fund; and to provide penalties.

Sec. 9 (1) The department shall classify public water supplies, including water treatment and distribution systems at community supplies with regard to size, type, location, and other physical conditions for the purpose of establishing the skill, knowledge, and experience that individuals need to maintain and operate the systems effectively.

(4) For individuals meeting the requirements, the department shall issue certificates acknowledging their competency to operate a specified class of waterworks system or portion of waterworks system. The department may suspend or revoke a certificate as specified by rule.

(5) A public water supply shall be under the supervision of a properly certified operator as specified in the rules.

**THE RULES TO IMPLEMENT ACT NO. 399, P.A. 1976
R 325.10101 TO R 325.12606**

DEFINITIONS FROM RULE 103.

(d) "Certificate" means a document that is issued by the department to a person who meets the qualification requirements for operating a waterworks system or a portion of the waterworks system.

(e) "Certified operator" means an operator who holds a certificate.

CLASSIFICATION OF TREATMENT AND DISTRIBUTION SYSTEMS

CLASS	POPULATION	DESIGN CAPACITY
Complete Treatment		
F-1	Greater than 20,000	Greater than 5 MGD
F-2	4,000 to 20,000	2 to 5 MGD
F-3	1,000 to 4,000	0.5 to 2 MGD
F-4	Less than 1,000	Less than 0.5 MGD
Other Treatment		
D-1	Greater than 20,000	Greater than 5 MGD
D-2	4,000 to 20,000	2 to 5 MGD
D-3	1,000 to 4,000	0.5 to 2 MGD
D-4	Less than 1,000	Less than 0.5 MGD
Distribution		
S-1	Greater than 20,000	-----
S-2	4,000 to 20,000	-----
S-3	1,000 to 4,000	-----
S-4	Less than 1,000	-----

R 325.11910. APPLICATION FOR EXAMINATION; NOTICE TO ACCEPTED APPLICANTS OF EXAMINATION.

Rule 1910. (1) To be certified for the operation of a public water supply other than a class F-5, Class D-5 or Class S-5, an individual shall submit, to the department, not less than 45 days before the announced examination date, an application for examination on a form provided by the department. To be certified for the operation of a class F-5, class D-5, or class S-5 an individual shall submit, to the department, not less than 20 days before the examination date, an application for examination on a form provided by the department. The information contained on the application shall be evaluated by the department, shall be subject to review by the advisory board, and shall constitute a part of the examination. The department may require verification of the education and experience of an applicant for an examination.

(2) Not less than 15 days before the examination, the department shall notify all applicants of its findings and shall notify those applicants accepted for examination of the date, time, and place of the examination.

R 325.11911. APPLICANT FOR CERTIFICATION; GRADING.

Rule 1911. (1) An applicant for certification shall be graded in 4 major divisions as follows:

- Educational qualifications of the applicant.
- Experience qualifications of the applicant, where applicable.
- The examination.
- The laboratory examination, where applicable.

(2) An applicant shall satisfy the minimum criteria established by the department as outlined in table 1 for educational qualifications before admission to the examination.

(3) Criteria used for grading shall be determined by the department subject to the approval of the advisory board and shall be made available by the department.

(4) An applicant for certification may be required to submit, to the department, on request, names of persons familiar with the experience qualifications of the applicant.